

**Declaration and Power of Attorney
for Patent Application**
Attorney's Docket No.: P1408

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF CONTROLLING ZINC-DOPING IN A COPPER-ZINC ALLOY THIN FILM ELECTROPLATED ON A COPPER SURFACE AND A SEMICONDUCTOR DEVICE THEREBY FORMED

the specification of which ☒ is attached hereto.
☐ was filed on _____
 Application Serial No. _____
 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) (Number/Country/Date Filed/Priority Claims: Yes/No)

 No

I hereby claim the benefit under Title 35, United States Code, Section 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application (list application Serial No./Filing Date/Status):

 N/A

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

F. David LaRiviere Reg. No. 27,207	May Lin DeHaan Reg. No. 42,472	Victor Flores Reg. No. 29,638	Elizabeth S. Sussex Reg. No. 46,391
Mark E. Andrews Reg. No. 43,472	C. Kelley Crossman Reg. No. 34,312	Don R. Mollick Reg. No. 28,972	Jim Schroeder Reg. No. 48,686
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or 1st or joint inventor: SERGEY LOPATINInventor's Signature: Sergey LopatinDated: 2/12/2002Residence: 1000 Kiely Blvd., #66 Santa Clara, California 95051Citizenship: BelarusPost Office Address: 1000 Kiely Blvd., #66 Santa Clara, California 95051Full name of 2nd or joint inventor: ALEXANDER H. NICKELInventor's Signature: Alex H. NickelDated: 2/12/02Residence: 1200 Dale Ave. Apt. 140, Mt. View, California 94040Citizenship: United StatesPost Office Address: 1200 Dale Ave. Apt. 140, Mt. View, California 94040Full name of 3rd or joint inventor: JOFFRE F. BERNARDInventor's Signature: Joffre F. BernardDated: 2/12/2002Residence: 3140 Mark Ave. Santa Clara, California 95051Citizenship: United StatesPost Office Address: 3140 Mark Ave. Santa Clara, California 95051

Full name of 4th or joint inventor: _____

Inventor's Signature: _____

Dated: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of 5th or joint inventor: _____

Inventor's Signature: _____

Dated: _____

Residence: _____

Citizenship: _____

Post Office Address: _____